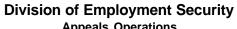
STATE OF TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT Division of Employment Security





Appeals Operations 500 James Robertson Parkway, Suite 780 Nashville TN 37245-0600

Telephone: (615) 741-1857 Facsimile: (615) 741-8933

Request to Withdraw Appeal

Claimant's Social Security Number Claimant's Name Street Address		Employer's Name					
				City	State Zip	City	State Zip
				Claimant's Telephone		Employer's Telephone	
I am the:	aimant □ employer.						
Please withdraw my a	appeal. I do not wish to pursue	e this appeal further because					
		(optional)					
Date		Signature					
		Title	(if employer)				